



## STORE CARD REQUEST

Please fill out all information completely.

INCOMPLETE FORMS WILL NOT BE PROCESSED

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

GRANGE ACCOUNT #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ NO OF CARDS NEEDED: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_ STORE #: \_\_\_\_\_

PERSON REQUESTING CARD(S): \_\_\_\_\_

NAME *(print)*: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL COMPLETED FORMS TO:

7700 Crater Lake Hwy, White City, OR 97503 • PHONE (541)664-1261 • FAX (541)664-1246